

FEC FORM 9

24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

1. Individual, Organization or Qualified Nonprofit Corporation Making the Disbursement/Obligations

(a) Name

WORKERS FOR A BETTER HAWAII

(b) Address (number and street) ☐ check if different than previously reported

888 MILILANI STREET SUITE 601

(c) City, State and ZIP Code

HONOLULU

HI

96813

(d) Name of Employer or Principal Place of Business

(e) Occupation

2. FEC Identification Number

C C30001564

3. Is This Statement

☒

New

or

☐

Amended

4. Covering Period

M M / D D / Y Y Y Y
0 4 / 3 0 / 2 0 1 0

through

M M / D D / Y Y Y Y
0 5 / 0 9 / 2 0 1 0

5. (a) Date of Public Distribution(s)

M M / D D / Y Y Y Y
0 5 / 0 1 / 2 0 1 0

(b) Communication Title

radio ads

6. The filer is a(n): (a) ☐ Individual (b) ☒ Unincorporated Organization (c) ☐ Qualified Nonprofit Corporation (11 CFR 114.10)

(d) ☐ Corporation, Labor Organization or Qualified Nonprofit Corporation making communications under 11 CFR 114.15(e) ☐ Other, specify: _____

7. Were the disbursements for the electioneering communication made exclusively from donations to a segregated bank account?

Yes ☒No ☐

8. Custodian of Records

(a) Name

maureen wakuzawa

(b) Address (number and street)

888 Mililani Street, Suite 601

(c) City, State and ZIP Code

Honolulu

HI

96813

(d) Name of Employer or Principal Place of Business

Hawaii Government Employees Assn

(e) Occupation

Controller

9. Total Donations This Statement

100000.00

10. Total Disbursements/Obligations This Statement

41884.80

Under penalty of perjury, I certify that this statement is true, correct and complete.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

Peter Oshiro

SIGNATURE Electronically Filed by Peter Oshiro

DATE 05/20/2010

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this statement to the penalties of 2 U.S.C. 437g.

A. Full Name of Donor

Amercian Federation of State, County and Municipal Employees

Mailing Address of Donor

1625 L Street, NW

City

State

Zip

Washington

DC

20036

Date of Receipt

M M
0 4

D D
3 0

Y Y Y Y
2 0 1 0

Amount

100000.00

Transaction ID : F92.000001

SUBTOTAL of Donations This Page (optional).....

100000.00

TOTAL This Period (last page this line number only).....
(carry total from last page to Line 9)

100000.00

SCHEDULE 9-B**Disbursement(s) Made or Obligations**

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A. Full Name (Last, First, Middle Initial) of Payee Chun & Yonamine Advertising				Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>M M / D D / Y Y Y Y 0 4 / 3 0 / 2 0 1 0</div> </div>			
Mailing Address of Payee P.O. Box 240576				Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">10471.20</div>			
City Honolulu		State HI		Zip Code 96824		Communication Date <div style="display: flex; justify-content: space-around;"> <div>M M / D D / Y Y Y Y 0 5 / 0 1 / 2 0 1 0</div> </div>	
Name of Employer		Occupation		Transaction ID : F93.000001			
Purpose of Disbursement (including title(s) of communication(s)) radio ads-DC Republicans							
Name of Federal Candidate Edward Case		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: HI District: 01		Disbursement/Obligation For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <u>Special Election</u>	
F94.000003		Name of Federal Candidate Charles Djou		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: HI District: 01	
F94.000004		Name of Federal Candidate		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: _____ District: _____	
Name of Federal Candidate		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: _____ District: _____		Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
B. Full Name (Last, First, Middle Initial) of Payee Chun & Yonamine Advertising							
Mailing Address of Payee P.O. Box 240576							
City Honolulu		State HI		Zip Code 96824		Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>M M / D D / Y Y Y Y 0 4 / 3 0 / 2 0 1 0</div> </div>	
Name of Employer		Occupation		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">10471.20</div>		Communication Date <div style="display: flex; justify-content: space-around;"> <div>M M / D D / Y Y Y Y 0 5 / 0 1 / 2 0 1 0</div> </div>	
Transaction ID : F93.000002							
Purpose of Disbursement (including title(s) of communication(s)) radio ads-Political Ambition							
Name of Federal Candidate Edward Case		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: HI District: 01		Disbursement/Obligation For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <u>Special Election</u>	
F94.000005		Name of Federal Candidate Charles Djou		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: HI District: 01	
F94.000006		Name of Federal Candidate		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: _____ District: _____	
Name of Federal Candidate		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: _____ District: _____		Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
SUBTOTAL of Disbursement/Obligation This Page (optional)						<div style="border: 1px solid black; padding: 2px; text-align: right;">20942.40</div>	
TOTAL This Period (last page this line number only) (carry total from last page to line 10)						<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	

SCHEDULE 9-B**Disbursement(s) Made or Obligations**

PAGE 4 / 4

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City Honolulu		State HI		Zip Code 96824		Communication Date <div style="display: flex; justify-content: space-around;"> <div>M M / D D / Y Y Y Y 0 5 / 0 1 / 2 0 1 0</div> </div>	
Name of Employer		Occupation		Transaction ID : F93.000003			
Purpose of Disbursement (including title(s) of communication(s)) radio ads-Full Time							
Name of Federal Candidate Edward Case F94.000008		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: HI District: 01		Disbursement/Obligation For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <u>Special Election</u>	
Name of Federal Candidate		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: _____ District: _____		Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
Name of Federal Candidate		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: _____ District: _____		Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
B. Full Name (Last, First, Middle Initial) of Payee Chun & Yonamine Advertising				Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>M M / D D / Y Y Y Y 0 4 / 3 0 / 2 0 1 0</div> </div>			
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City Honolulu		State HI		Zip Code 96824		Communication Date <div style="display: flex; justify-content: space-around;"> <div>M M / D D / Y Y Y Y 0 5 / 0 1 / 2 0 1 0</div> </div>	
Name of Employer		Occupation		Transaction ID : F93.000004			
Purpose of Disbursement (including title(s) of communication(s)) radio ads-Put on the Brakes							
Name of Federal Candidate Charles Djou F94.000010		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: HI District: 01		Disbursement/Obligation For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <u>Special Election</u>	
Name of Federal Candidate		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: _____ District: _____		Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
Name of Federal Candidate		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: _____ District: _____		Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
SUBTOTAL of Disbursement/Obligation This Page (optional)				<div style="border: 1px solid black; padding: 2px; text-align: right;">20942.40</div>			
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